

For taxable year beginning MM / DD / YYYY, and ending MM / DD / YYYY.

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153

Business telephone number ()	Please print or type	Name	CHECK ONE Original <input type="checkbox"/> Amended <input type="checkbox"/>
Business activity code number (from federal Form 1120S)		Number and street	CHECK ONE Calendar year <input type="checkbox"/> Fiscal year <input type="checkbox"/>
		City or town, state and ZIP code	Federal employer ID number (FEIN)
			AZ withholding tax number
			AZ transaction privilege tax number

69 Check box if: ☐ This is a first return ☐ Name change ☐ Address change**A** Is this the corporation's final Arizona return? ☐ Yes ☐ NoIf yes, check one: Dissolved ☐ Withdrawn ☐ Merged/Reorganized ☐

List FEIN of the successor corporation, if any _____

B Does the S corporation conduct business within and without Arizona? ☐ Yes ☐ No**C** Will a composite return be filed on Form 140NR? ☐ Yes ☐ No**D** Total number of nonresident individual shareholders _____**E** Total number of resident individual shareholders _____**F** Total number of entity shareholders (See instruction page 3) _____

For DOR use only

81**66****82**CHECK BOX IF:
Federal extension used to file return.

82 F

1 Total distributive income (loss) - from federal Form 1120S, Schedule K**1**

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COMPLETE LINES 2-11 ONLY IF THE S CORPORATION HAS EXCESS NET PASSIVE INCOME OR CAPITAL GAINS/BUILT-IN GAINS. AN S CORPORATION THAT IS NOT REQUIRED TO COMPLETE LINES 2-11 MUST COMPLETE LINES 12-34 IF THE S CORPORATION HAS A TAX LIABILITY FROM THE RECAPTURE OF TAX CREDITS.

2 Excess net passive income	2		00			
3 Capital gains/built-in gains	3		00			
4 Total federal income subject to corporate income tax - add lines 2 and 3. WHOLLY ARIZONA S CORPORATIONS GO TO LINE 11	4			00		
5 Nonapportionable or allocable income - attach schedule. MULTISTATE S CORPORATIONS ONLY	5			00		
6 Apportionable income - subtract line 5 from line 4. Multistate corporations only	6			00		
7 Arizona apportionment ratio - see Schedule B instructions. Multistate corporations only	7		.			
8 Income apportioned to Arizona - line 6 multiplied by line 7. Multistate corporations only	8			00		
9 Other income allocated to Arizona - attach schedule. Multistate corporations only	9			00		
10 Total income attributable to Arizona - add lines 8 and 9	10			00		
11 Net income subject to Arizona corporate income tax. Wholly Arizona S corporations - enter amount from line 4. Multistate S corporations - enter amount from line 10	11			00		
12 Enter tax - see instructions before completing this line	12			00		
13 Tax from recapture of credits - from Arizona Form 300, Part II	13			00		
14 Subtotal - add lines 12 and 13	14			00		
15 Clean Elections Fund Tax Reduction. Check this box to send \$5 to the fund and reduce the tax (line 14) by \$5. Enter the amount of the tax reduction	15			00		
16 Tax credits - from Arizona Form 300, Part II	16			00		
17 Credit type - enter form number for each credit claimed	17	3		3		3
18 Subtotal - subtract the sum of lines 15 and 16 from line 14.	18			00		
19 Correctional industries recapture tax - from Arizona Form 300, Part II	19			00		
20 Tax liability - add lines 18 and 19	20			00		
21 Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE	21			00		
22 Tax liability after Clean Election Fund credit - subtract line 21 from line 20	22			00		
23 Extension payment made with Arizona Form 120EXT - see instructions	23			00		
24 Estimated tax payments made with Arizona Form 120ES - see instructions	24			00		
25 Total payments - add lines 23 and 24. Amended returns - see instructions	25			00		
26 Balance of tax due - If line 22 is larger than line 25, enter balance of tax due. Skip line 27	26			00		
27 Overpayment of tax - If line 25 is larger than line 22, enter overpayment of tax	27			00		
28 Penalty and interest	28			00		
29 Estimated tax underpayment penalty and interest. If Form 220 is attached, check box	29			00		
30 Donation to Citizens Clean Elections Fund - see instructions	30			00		
31 TOTAL DUE - payment must accompany return	31			00		
32 OVERPAYMENT - see instructions	32			00		
33 Amount of line 32 to be applied to 2000 estimated tax	33			00		
34 Amount to be refunded - subtract line 33 from line 32	34			00		

A2 Address at which tax records are located for audit purposes:

Name and title _____ Phone # () _____

A4 List prior taxable years for which a federal examination has been finalized

A5 Principal business activity _____ Product or service _____

A6 Amount of net income subject to Arizona corporate income tax for prior taxable year (1998 Form 120S, line 11) _____

A7 Indicate tax accounting method: Cash ☐ Accrual ☐ Other ☐ (Specify method)

The following information must be submitted by all S corporations having income from sources both within and without Arizona. Average lines B1(a) through B1(f). Arizona requires a double-weighted sales factor. **See instructions on pages 8 and 9 before completing this section.**

	(a) Total within Arizona	(b) Total everywhere	(c) Ratio within Arizona (a) / (b)
B1 Average yearly value of real and tangible personal property:			
(a) Inventory			
(b) Depreciable assets - at original cost			
(c) Land			
(d) Other - <i>describe</i>			
(e) Less construction in progress			
(f) Less nonbusiness property			
(g) Net annual rent paid for leased property, multiplied by 8			
(h) Total real and tangible personal property used			
B2 Wages, salaries, commissions and other compensation of employees as shown per federal Form 1120 or payroll reports			
B3 (a) Gross sales, less returns and allowances			
(b) Sales delivered or shipped to Arizona purchasers			
(c) Other gross receipts (rents, royalties, interest, etc.)			
(d) Total sales within Arizona			
(e) Double weight sales factor			
(f) Sales factor ratio. For column (a), multiply line B3(d) by line B3(e); for column (b), add lines B3(a) and B3(c)	X 2		
B4 Total ratio - <i>add lines B1(h), B2 and B3(f), in column (c)</i>			
B5 Average ratio - <i>divide line B4 by four (4). Enter the result in column (c) and on page 1, line 7</i>			

List each shareholder's name, address, TIN, and pro rata share of income or loss. Attach Schedule C immediately after page 2 of the Form 120S.

Certification The following certification must be signed by one or more of the following officers (president, treasurer, or any other principal officer).

Under penalties of perjury, I (we), the undersigned officer(s) authorized to sign this return, declare that I (we) have examined this return, including the accompanying schedules and statements, and to the best of my (our) knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here	Officer's signature	Title	Date
	Officer's signature	Title	Date

Paid Preparer's Use Only	Preparer's signature	Date
	Firm's name (or preparer's, if self-employed)	Preparer's TIN
	Firm's address	ZIP code